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TB CARE I

Dominican Republic

**Year 1
Quarterly Report
July-September 2011**

1 November 2011

Quarterly Overview

Reporting Country	Dominican Republic
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	
From	Ivonne Orejel-Juarez
To	Maria Castillo
Reporting Period	July-September 2011

Technical Areas	% Completion
1. Universal and Early Access	65%
3. Infection Control	19%
4. PMDT	13%
6. Health Systems Strengthening	42%
7. M&E, OR and Surveillance	25%
Overall work plan completion	33%

Most Significant Achievements

PPM with the industrial sector

The provincial capital San Pedro de Macoris has one of the biggest industrial areas of the country with 103 industrial sub areas and 49 factories. The medical services for employees are provided by one medical dispensary near to the premises and are part of the National Medical Insurance Institute (IDSS).

The purpose of establishing public private links with this industrial area is to intensify the case detection among these employees. Many of them are temporal workers coming from Haiti and the IDSS is not yet actively involved in the application of the Stop TB strategy in their medical services.

According to the PPM guidelines developed during TB CAP (Mexico) at decentralized level relations were established with the provincial health authorities and TB program to sensitize them. This PPM initiative was followed by advocacy visits to managers of 5 major factories at the Industrial Park (employing more than 5000 employees).

The second step was the training of managers and "hygiene and security" committees of three of the factories in TB symptoms, transmission, infection control and importance of early diagnostics and treatment. A referral instrument for suspects was established with these factories. Next steps will be a follow up by the provincial coordinator and a KNCV PPM officer of the mutual agreements and expansion to the other factories.

Overall work plan implementation status

Several activities are affected or delayed due to missing information of the NTP, however there is reasonable progress.

Technical and administrative challenges

Two members of the team have been changed after the probation period: M&E and ACMS officer which affected the progress of some activities. Currently the team is complete and functioning adequately.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	108	108
Number of MDR cases put on treatment	49	49
* January - December 2010 ** January - September 2011		

Technical Area		1. Universal and Early Access						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Reduce delays in the diagnosis of TB	Number of suspects and TB cases detected in project provinces and areas of Santo Domingo	Number of suspects and TB cases detected in project provinces and areas of Santo Domingo	3,858	Increase suspects and TB cases	3,254	The community involvement model of health area IV of Santo Domingo has been consolidated and given follow up, and the expansion is taken place in Area V and VIII according to plan.	The Elias PiñaProvince at the border of Haití has started to implement the model and the next step is to start implementing the referral system referring TB suspects to the health facilities for TB diagnostics.
2	Involve pharmacies/shop keepers (colmados) in detection and early referral of suspects	Contribution of pharmacies and shopkeepers to suspect referral and case detection	Number of suspects received in health facilities referred by pharmacies or shopkeepers divided by total referred suspects x 100%. Number of pharmacies/shopkeepes referred TB cases/total received cases x 100%.	100 referrals/x by farmacias 30/x Referrals by colmados	Increase suspects and TB cases	105 referred by pharmacies	In coordination with the NTP retail visits were made to new pharmacies expanding the PPM pharmacy model in Area V and VIII and consolidating AREa IV. Results so far: área IV 178 suspects referred of which 15 SS+ cases, and Área V still initiating with 11 suspects (0 SS+), Área VIII 22 suspects and 2 SS+ TB cases.	Due to these successful results with clear evidence it has been proposed to the NTP to quickly expand to other areas and provinces.

3	Involve community in detection and early referral of suspects	Contribution of community to suspect referral and case finding	Number of suspects received in health facilities referred by community members divided by total referred suspects x 100%. Number of community referred TB cases/total received cases x 100%.	14	Increase suspects and TB cases	not available	The community groups (CBOs) of Gualey, Area IV completed many different sensitization activities and continue referring to the health facilities, now without the support of KNCV and NTP, having acquired ownership over the preventive activities.	Maintain motivation of these CBOs.
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Technical Area		3. Infection Control						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Increment and improve infection control measures in the selected health facilities	Number of persons trained	100 persons trained in IC in all health facilities		100	13	With TA of Dr. Yagui several visits were done to health facilities with the purpose to implement physical modifications. Plans were revised and recommendations made.	National IC committee will be put in place including all IC experts at national level.
2	Develop infection control plans	Health units with action plan according to internationally implemented standards	10 health units with implemented plan. Priority will be the big and municipality hospitals	0	10	3	Three health facilities have elaborated their IC plans and budget.	Implement the rehabilitation in these 2 facilities
3	Reduction of TB infection risk in health facilities.	Health facilities with physical infrastructure in place in 100% selected units.	the same 10 health units will have their adjusted infrastructure in place according to the plan	0	10	0	see above	see above





Technical Area		4. PMDT					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		
1	Prevention and case management according to international standards	Updated National MDR case management Guidelines	Existing Guidelines need an update to be in line with the latest international standards	0	1	0	Meeting with national experts has taken place to update the PMDT guidelines to the latest international standards.	Specific revision will be made of the information system and HIV chapters. In January 2012 field testing will be done of the updated version.
2	Increase access to timely diagnostics of MDR TB	Proportion tested patients with rapid test MDR (GeneXpert) out of all suspected MDR patients	Total of MDR suspect patients tested by geneXpert divided by total of suspected MDR patients in a defined period x 100	0	10%	0	The purchase of 3 geneXpert machines has been agreed upon as well as the kit of reagents financed by additional funding pledged for the extension of TB CARE until end 2012.	Once extension is formally approved purchase of equipments will start.
3	Increase adherence to treatment in MDR patients	Decrease of a defaulter rate among patients with MDR	defaulter rate in cohort of MDR patients	16%		Not available	Design of materials is in progress	Materials to be validated with patients and health personnel



Technical Area		6. Health Systems Strengthening					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		
1	Involve all partners, including government, civil societies and NGOs in the fight against TB through small "Stop TB partnerships" at provincial or lower level.	Percentage and Number of provinces/areas with active Stop TB partnerships. Number of provinces/areas with lower level partnerships (neighbourhoods, municipalities)	Number of provinces/areas with STB partnerships divided by all 20 provinces and areas.	5		12 committees In three Provinces	Two new Stop Alliances at municipal level were formed in Monte Plata Province with 25 members each, and a neighbourhood committee in Area VIII of Santo Domingo with 35 members. All stop TB alliances are implementing activities according to their plan, which they elaborated with community members, services and KNCV team.	Increase the number of stop TB and consolidate the existing ones.






2	Improve TB timely diagnostics and notification by private health services, focussing on zona franca factories, independent medical cabinets and private clinics.	Contribution to notification of TB cases by these targetted providers				15 referred by Free Zone	In the factory "Balic Doominicana" a TB awareness session was held with a loudspeaker system where 2000 employees were attending. At the end of the session 15 suspects were detected.	Train personnel in the health services to register in the books the referred suspect cases form the industrial zone.
				not known	5%			
3	Increase of technical and managerial competencies in TB at all levels from central, regional, provincial and local level	Proportion of regional directors, provincial and health areas who eleborate TB annual action plans based on situational analysis out of all trained directors.				1 workshop with 45 people	7 trainings have been given to health facilities as part of the training plan in the TB models. 300 people were trained. Also a management training was given to the national TB team.	Continue with the training of the rest of the areas and provinces
				0	90%			








Technical Area		7. M&E, OR and Surveillance						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Strengthen quality of TB information system at all regional and provincial levels	Periodical Sessions of data analysis in provinces and areas	Number of sessions realized divided by number of provinces	0	20	8	8 provinces were visited to collect data and on the spot training of data collection and interpretation of data for management.	All Health Areas and Provinces (100%) will be visited for this purpose.
2	Feedback with relevant TB epidemiologic information to all regional and provincial levels.	Semestral statistical Bulletin elaborated and distributed to provinces		1	2	0		Once the NTP has the validated data and green light the has been given, bulletin will be published.
3	Enhance and facilitate the information access of TB to all interested public	Created and Updated TB web page		0	0	0	Cancelled	Cancelled

Quarterly Activity Plan Report








Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Reduce delays in the diagnosis of TB	1.1.1	Expand the community involvement model as successfully piloted in area IV under TBCAP to other project areas and Provinces, 30 workshops with 30 participants per each workshop	KNCV	24,081	 50%	Mar	2012	The community involvement model of health area IV of Santo Domingo has been consolidated and given follow up, and the expansion is taken place in Area V and VIII.
1.2 Involve pharmacies/shopkeepers (colmados) in detection and early referral of suspects	1.2.1	Expand the model of involvement of pharmacies and shopkeepers (colmados) to other areas and provinces, including training and materials for 500 drugstores	KNCV	28,870	 25%	Mar	2012	In coordination with the NTP retail visits were made to new pharmacies expanding the PPM pharmacy model in Area V and VIII and consolidating area IV
	1.2.2	publish the pharmacy and colmado intervention at national and international level (article, abstract)	KNCV	7,414	 100%	Jul	2011	The article was written and sent for publication
1.3 Involve community in detection and early referral of suspects	1.3.1	Design and implement innovative visual interventions like Photovoices or others to reduce stigma on TB and TB/HIV, workshop for 20 participants for 3 days, include materials and facilitation fee	KNCV	19,105	 100%	Sep	2011	Through the strategy "Photovoices" as a tool of participatory research (it uses photography to support and mobilize people affected by TB to address decision makers) 10 affected were actively involved with taking of photography that they represent according to their experience, their feelings and their own realities related to tuberculosis. The work will culminate with an exhibition of photographs in public places.







	1.3.2	Design a register and referral system to measure systematically the community contribution based on TBCAP experiences in pilot area. It includes training for volunteers and visit to the health unit and materials to register suspects	KNCV	49,523	 50%	Mar	2012	The register's form for referral was implemented. .
					 65%			


		3. Infection Control				Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes			Lead Partner	Approved Budget	Cumulative Completion	Month	Year	
3.1 Increment and improve infection control measures in the selected health facilities	3.1.1	10 trainings of 1 day for 10 people per facility in general concepts of IC in relation to TB	KNCV	2,592	 25%	Dec	2011	Workshops have been organized with teams of health units
3.2 Develop infection control plans	3.2.1	10 trainings to develop plan, including technical assistance during the supervisions.	KNCV	no budget	 25%	Dec	2011	Monitoring plans have been developed during visits supervision
	3.2.2	3 meetings with each team to correct and finalize plans for implementation, including technical assistance during the routine supervisions. The IC plans will be accommodated in the overall hospital plans where possible.	KNCV	no budget	 25%	Mar	2012	With TA of Dr. Yagui, several visits were done to health facilities to implement physical modifications. Plans were revised and recommendations made.
3.3 Reduction of TB i	3.3.1	10 physical areas created to improve IC in TB	KNCV	39,474	 0%	Mar	2012	
					 19%			





4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
					Month	Year		
4.1 Prevention and case management according to international standards	4.1.1	Update the MDR case management guidelines through technical expert meetings	KNCV	1,875	 25%	Dec	2011	Meeting with national experts has taken place to update the PMDT guidelines to the latest international standards.
	4.1.2	Training of health personnel in selected health facilities in case management of DR-TB	KNCV	no budget	 25%	Jan	2012	
	4.1.3	Design of specific job aid for patient centred care to support patient during MDR treatment	KNCV	no budget	 0%	Jan	2012	
	4.1.4	Support and follow up visits to provinces	KNCV	no budget	 25%	Mar	2012	
4.2 Increase acces to timely diagnostics of MDR TB	4.2.1	purchase 1 GeneXpert to be placed in MDR Unit for early diagnosis of MDR TB according to national PMDT guidelines		22,066	 0%	Mar	2012	The purchase of 3 geneXpert machines has been agreed upon as well as the kit of reagents financed by additonal funding for TB CARE I in 2012.
4.3 Increase adheren	4.3.1	Design and reproduction of graphical material to support patients during the treatment	KNCV	4,211	 0%	Mar	2012	Design of materials is in progress
					 13%			

6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
					Month	Year		
6.1 Involve all partners, including government, civil societies and NGOs in the fight against TB through small "Stop TB partnerships" at provincial or lower level.	6.1.1	Based on experience in pilot area IV with partnership building develop a work plan with time table of the provinces and municipalities to be involved	KNCV	no budget	<div><div></div></div> 50%	Mar	2011	Two new Stop Alliances at municipal level were formed in Monte Plata Province with 25 members each, and a neighbourhood committee in Area VIII of Santo Domingo with 35 members.

	6.1.2	Identify provinces and municipalities or areas and neighbourhoods, possible partners and type of activities	KNCV	no budget	 50%	Dec	2011	KNCV PPM officer has trained staff free zone
	6.1.3	Implement the plan following all steps and give follow up in the field	KNCV	no budget	 25%	Dec	2011	We are doing follow-up visits
	6.1.4	Evaluate, document and publish at national and international level	KNCV	no budget	 0%	Mar	2012	
6.2 Improve TB timely diagnostics and notification by private health services, focussing on zona franca factories, independent medical cabinets and private clinics.	6.2.1	Assesment of which provinces and providers will be involved, elaborate the work plan. Use of Mexican TBCAP PPM guidelines		no budget	 100%	Jul	2011	Workplan was developed in coordination with program and managers free zone
	6.2.2	Sensitization training to increase new TB cases search.		no budget	 50%	Dec	2011	In the factory "Balic Doominicana" a TB awareness session was held with a loudspeaker system where 2000 employees were attending. At the end of the session 15 suspects were detected.
	6.2.3	Providers of involved factories, clinics will be trained and receive follow up visits. Feedback will also be given to managers on improved referrals and detection of TB cases		no budget	 50%	Mar	2012	see above
	6.2.4	Evaluate, document and publish results and development of model		no budget	 0%	Mar	2012	

6.3 Increase of technical and managerial competencies in TB at all levels from central, regional, provincial and local level	6.3.1	Design a program and methodology of a training to draft a strategic plan for each province and area according to the general action lines of central level of all the country with provincial team (directives, epidemiologist, laboratory and coordinator program)		22,316	 50%	Mar	2012	A workshop was held with all management personnel from different areas of central level
	6.3.2	Support visits to monitor implementation of plans		no budget	 0%	Mar	2012	
	6.3.3	Train personnel at all different levels in all components of the Stop TB strategy for 1.350 participants from the whole country.		150,592	 25%	Mar	2012	7 trainings have been given to health facilities as part of the training plan in the TB models. 300 people were trained. Also a management training was given to the national TB team.
	6.3.4	Support visits of trained personnel at provincial level.		no budget	 50%	Mar	2012	Continue with support visits of all areas and provinces
	6.3.5	International TB Conference participation according to proven performance and specific achievements		24,040	 100%	Oct	2011	3 people attended the conference
					 42%			

7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes					Month	Year	
7.1 Strengthen quality of TB information system at all regional and provincial levels	7.1.1	To strengthen quality of data collection meetings will be held with DPS, epidemiologist, laboratory, and other relevant sectors	2,468	 25%	Mar	2012	8 provinces were visited to collect data and on the spot training of data collection and interpretation of data for management.

	7.2.1	General consultant from KNCV HQ will provide overall technical assistance. Head of the Regional Team and Financial Officer will visit the programme.		71,569	 50%	Nov	2011	In November Netty Kamp provide technical assistance in Dominican Republic and in February Peter Gondrie
7.2 Feedback with relevant TB epidemiologic information to all regional and provincial levels.	7.2.1	Collection of data and information of achievements project, elaboration and impression in 6 monthly bulletins.		8,158	 25%	Mar	2012	Once the NTP has the validated data and green light has been given, a bulletin will be published.
7.3 Enhance and facilitate the information access of TB to all interested public	7.3.1	Web page will be created and regularly updated to feedback data as well as other important information for continuous education to improve quality of TB services and control TB		6,579	 0%			It was canceled.
					 25%			

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	7. M&E, OR and Surveillance	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan						
			7.3.1	Web page creation and periodic updating	KNCV	6,579		Was rescheduled for external evaluation of USAID approval		

* Detailed budget is attached

Request for Postponement of Activities to Next Year					
Approved By (write dates)			Old Code	1. Universal and Early Access	Remaining Budget
Mission	PMU	USAID		Activities from the Work Plan	
				{Copy from the work plan}	

Request for Adding New Activities to the Current Work Plan					
Approved By (write dates)			New Code	7. M&E, OR and Surveillance	Proposed Budget*
Mission	PMU	USAID		Proposed New Activities	
10/18/2011		10/18/2011	6.3.6	External evaluation	6,579

* Detailed budget is attached

Quarterly Photos (as well as tables, charts and other relevant materials)

Children from the community of Hato Nuevo, doing group work to identify the health problems of their community.



Meeting with managers of the Association of Industrial Free Zone

